

# Individual Sewage Treatment System Permit Application

*Office use only*

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is

Architect/engineer

Contractor

Owner

Condominium no.

## Property owner

Name

Phone

Address

City

State

Zip

## Contractor

Name

License no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Architect/engineer

Name

Registration no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Class of work

*Check only one.*

1 New

2 Addition

3 Alteration/remodel

4 Maintenance/repair/replace

## Type of structure

*Check only one.*

01 Single-family residential

45 Recreational, amusement

02 Single-family connected to single family

46 Other non-housekeeping shelter

03 Residential garage

65 Industrial buildings

30 Two-family residential

70 Public works and utilities building

31 Three-four family residential

80 Public schools

32 Multiple-family residential

81 Private schools

40 Offices, banks, professional

85 Churches and religious buildings

41 Stores, restaurants, warehouse

88 Hospitals and institutional buildings

42 Hotels, motels

93 Other non-residential building

43 Parking garage

95 Fences, signs, antennas

44 Service stations and repair garage

96 Other non-building structures

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**Project details**

Job valuation \$ \_\_\_\_\_ Estimated completion date \_\_\_\_\_

Description type of system to be installed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use of principal structure  Residential  Commercial

Distance from water well to tank \_\_\_\_\_ feet Distance from water well to drainfield: \_\_\_\_\_ feet

**Required information**

*Plans must be signed by the septic system designer.*

- Site plan:** Show distances from septic tank and drainfield to all significant features on the property, including: wells, buildings, surface waters, property lines, parking lots, driveways, buried water lines, easements, OHWL and required setbacks. Show soil boring and percolation test locations.
- Provide preliminary evaluation check list.**
- Provide site evaluation check list.**
- Detailed drainfield plan:** *Show overall dimensions and features.*
- Soil boring and percolation test data:** *Provide copies of actual field test results.*
- Minnesota On-Site Sewage Treatment Manual:** *Submit all applicable design worksheets.*

**Please read and sign**

I hereby apply for a individual sewage treatment system permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Pollution Control Agency *Chapter 7080*; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's printed name*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

**Do not write below this line**

Inspector no. \_\_\_\_\_

Conditions of issuance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other fees?  Yes  No Describe \_\_\_\_\_ Amount \$ \_\_\_\_\_

Permit approved by \_\_\_\_\_ Date \_\_\_\_\_